

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>9/14/2008</i>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/				51					
2	/		/				52					
3	6		6				53					
4	6		6				54					
5			1				55					
6			1				56					
7			1				57					
8			1				58					
9			1				59					
10			1				60					
11			1				61					
12			1				62					
13			1				63					
14							64					
15							65					
16							66					
17							67					
18							68					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1		1				TOTAL IND.					
TOTAL DEP.	12	↔	12	↔			TOTAL DEP.	↔	↔	↔	↔	
TOTAL CLAIMS	13		13				TOTAL CLAIMS					